POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	*(signature)*	32	2/14
FORMALITY REVIEW	S.A	1085	8-21-01
RESPONSE FORMALITY REVIEW	H.L	1074	03/12/01

INDEX OF CLAIMS

✔ .... Rejected
= .... Allowed
— (Through numeral)... Canceled
÷ .... Restricted

N .... Non-elected
I .... Interference
A .... Appeal
O .... Objected

Claim Final	Claim Original	Date								
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If more than 150 claims or 10 actions
staple additional sheet here

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